

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10608257</i>	FILING DATE
						APPLICANT(S)	
						CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1						51
2		1					52
3		1					53
4		1					54
5		1					55
6		1					56
7		1					57
8	1						58
9		1					59
10		1					60
11		1					61
12		1					62
13		1					63
14	2						64
15	1						65
16		1					66
17		1					67
18		1					68
19							69
20							70
21							71
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39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	12						TOTAL IND.
TOTAL DEP.	17						TOTAL DEP.
TOTAL CLAIMS	19						TOTAL CLAIMS

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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